



Cheektowaga-Sloan Union Free School District **STUDENT REGISTRATION FORM**

(This registration form can be downloaded and completed electronically at cheektowagasloan.org)

School student is registering to attend: JFK High School (9-12) ☐

JFK Middle School (6-8) ☐

Woodrow Wilson (3-5) ☐

Theodore Roosevelt (Pre-K-2) ☐

Charter/Private/Parochial (school Name): _____

Part A: HOUSEHOLD INFORMATION

Head of Household Last Name:	Primary Language Spoke at Home	Move In Date
Street Address:		
City/State/Zip:		
Residence Type: ☐ Own ☐ Rent ☐ Lease ☐ Temporary Housing	If rent/lease, name of property owner:	
Household Email Address:	Primary Phone Number: () ☐ Cell phone ☐ Unlisted	
Number of adults living in the household:	Number of children living in the household:	

Part B: STUDENT INFORMATION

Student's Last Name:	Date of Birth:	Gender: ☐ Male ☐ Female								
Student's First Name:	Student's Middle Name:	Place of Birth:								
Student is living with (check all that apply): <table border="0"><tr><td>☐ Both Parents</td><td>☐ Lives with Relatives/Friends</td></tr><tr><td>☐ Mother only</td><td>☐ Foreign Exchange</td></tr><tr><td>☐ Father Only</td><td>☐ Foster Parents</td></tr><tr><td></td><td>☐ Other (Shelter, Doubled Up, Motel, Hotel, Car)</td></tr></table>			☐ Both Parents	☐ Lives with Relatives/Friends	☐ Mother only	☐ Foreign Exchange	☐ Father Only	☐ Foster Parents		☐ Other (Shelter, Doubled Up, Motel, Hotel, Car)
☐ Both Parents	☐ Lives with Relatives/Friends									
☐ Mother only	☐ Foreign Exchange									
☐ Father Only	☐ Foster Parents									
	☐ Other (Shelter, Doubled Up, Motel, Hotel, Car)									

Part C: STUDENT RACE & ETHNIC IDENTIFICATION

Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture of origin, regardless of race.

- ☐ **YES, Hispanic**
☐ **NO, not Hispanic**

Select one or more races from the following five racial groups: Check (v) all groups that apply to your child; please be sure to select at least one box.

- | | |
|--|--|
| ☐ American Indian or Alaska Native | ☐ Black or African American |
| ☐ Asian | ☐ White |
| ☐ Native Hawaiian or Other Pacific Islander | |

Part D: IMMIGRANT STUDENT DATA		
If born in one of the following: The United States, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the U.S. Virgin Islands, or the Trust Territory of the Pacific Islands, <u>do not complete the rest of this section. The student is NOT an immigrant.</u> Leave the rest of this section blank.		
If not born in the United States or U.S. territories as listed above, you must COMPLETE the rest of this section.		
Date of entry into the United States:		Date first enrolled in a U.S. School:
Location of first U.S. School enrollment:		
Name of School, City, and State:		
Please list other previous public or private school enrollments in one of the United States, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the U.S. Virgin Islands, or the Trust Territory of the Pacific Islands. If no other school enrollments, please check the box below.		
☐ This is the first time the student has enrolled in a U.S. school.		
School 1 State/Territory:	Date From:	Date To:
School 2 State/Territory:	Date From:	Date To:

Part E: REGISTERING STUDENT’S EDUCATIONAL BACKGROUND		
Has student ever attended Cheektowaga-Sloan UFSD? ☐ Yes ☐ No	If yes, provide school, grade and year:	
Previous School District:	Previous School:	Previous School Grade Levels:
Previous School Address:		Previous School Phone Number: ()
Has/does the student: repeated any grades? ☐ No ☐ Yes; grades: _____ been reviewed by CSE? ☐ No ☐ Yes; when: _____ have a current IEP? ☐ No ☐ Yes (please provide a copy)	Has the student ever received any special services? ☐ Special Education Services ☐ 504 Accommodation Plan ☐ Speech Therapy ☐ Academic Intervention Services (AIS) ☐ Physical Therapy ☐ Counseling ☐ English Language Learner (ELL) ☐ Occupational Therapy ☐ Gifted/Talented Program ☐ Other: _____	
Has the student ever been suspended or removed from a school the student attended? ☐ No ☐ Yes; please explain		
Does the student have any conditions or requirements (allergies, asthma, medications)? ☐ No ☐ Yes; please explain		

Part F: ARMED FORCES		
Is this student a child of a parent currently in the Armed Forces? ☐ No ☐ Yes, please fill out the information below		
Name of parent:	Circle One: Air Force Marine Corps Air Force Reserve Marine Corps Reserve Air National Guard Navy Army Navy Reserve Army Reserve Army National Guard Coast Guard Coast Guard Reserve	Circle One: Active Duty, Deployed Active Duty, Not Deployed Discharged Inactive Injured Killed in Action Retired Student Military Identifier Only Transitioning Out of Active Duty
Relationship to student:		
Start date in military:	Location:	

Part G: PARENT/GUARDIAN INFORMATION			
Name of Adult #1 Parent/Guardian: (NOTE: Parent/Guardian #1 must reside at the address indicated for the student above.)		Phone Number: ☐ Cell phone ☐ Unlisted Gender:	
()		☐ M ☐ F	
Employer's Name & Occupation:		Work Phone Number: ()	
Relationship to Student: ☐ Natural Parent ☐ Step-Parent ☐ Legal Guardian ☐ Foster (provide court documentation) (provide LDSS-2999)		Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Separated ☐ Single	
Name of Adult #2 Parent/Guardian:		Phone Number: ☐ Cell phone ☐ Unlisted Gender:	
()		☐ M ☐ F	
Address: (NOTE: Only complete address if different from student's residency information.)		City, State, Zip:	
Employer's Name & Occupation:		Work Phone Number: ()	
Relationship to Student: ☐ Natural Parent ☐ Step-Parent ☐ Legal Guardian ☐ Foster (provide court documentation) (provide LDSS-2999)		Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Never Married ☐ Separated ☐ Single	
Part H: CUSTODY			
If there is a custodial parent/guardian who does not reside with the student:			
• If Separated or Divorced, who has residential custody (documentation is required)? ☐ Mother ☐ Father ☐ Both ☐ Other • May the student be released to the non-custodial parent/guardian? ☐ Yes ☐ No • May the student's educational records be released to the non-custodial parent/guardian? ☐ Yes ☐ No • Notes: If the student or educational records relating to the student may not be released to the non-custodial parent/guardian, legal documents establishing such a prohibition must be provided to the main office by the first day of school, or any time there is a legal change in custody. • Custodial Documentation provided at time of registration? ☐ Yes ☐ No			
Describe any other custodial arrangements of which the District should be aware:			
Part I: EMERGENCY CONTACT INFORMATION			
In case of an emergency, please identify who should be contacted and in what priority, in the event the primary contact(s) is unavailable. Do NOT include the guardians already listed on the previous page Note: It is the responsibility of the parent/guardian to notify the school office of any changes to the information throughout the year.			
Emergency Contact #1:	Phone: ()	Relationship to Student:	
Emergency Contact #2:	Phone: ()	Relationship to Student:	
Emergency Contact #3:	Phone: ()	Relationship to Student:	
Doctor/Health Care Provider:		Phone: ()	
Dentist:		Phone: ()	
If an accident or illness occurs, a parent will be informed immediately to come for your child. If unable to contact a parent and emergency room care is necessary, I would prefer that my child be taken to:			
Hospital Name: _____			



Cheektowaga-Sloan Union Free School District

166 Halstead Avenue, Sloan, NY 14212 | P: (716) 891-6402 | F: (716) 891-6435 | www.cheektowagasloan.org

ACKNOWLEDGEMENTS

A. Code of Conduct Policy I have read and understand the CSUFSD Code of Conduct provided in the district registration packet.	☐ YES ☐ NO
B. Technology Release & Acceptable Use Policy I have read and understand the CSUFSD Acceptable Use Policy (AUP) provided in the district registration packet. I give permission for my child to access Technology services within the Cheektowaga-Sloan Union Free School District.	☐ YES ☐ NO
C. Media Consent I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video recordings of the student named above by the Cheektowaga-Sloan UFSD. I also grant to Cheektowaga-Sloan UFSD the right to edit, use, and reuse said products for non-profit purposes, including use in print, on the internet, and all other forms of media. I also hereby release the Cheektowaga-Sloan UFSD and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above. Declining this media consent does not preclude the Cheektowaga-Sloan UFSD from using Directory Information as outlined in our annual notification and Board Policy at www.cheektowagasloan.org/our-district/annual-notifications .	☐ YES ☐ NO
D. Swimming Safety Advisory Education Law section 926, effective July 1, 2026, requires school districts to provide electronic or written information on water safety to parents/guardians at the beginning of each school year. Additionally, the school district must publish this information on its website. This information is included in the registration packet. I have read and understand the "Swimming Safety Information" provided in the district registration packet.	☐ YES ☐ NO

Signature of Parent or Guardian of Student

Print Name of Parent or Guardian of Student

Date

- or -

Signature of Student (If age 18+)

Print Name of Student

Date